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PTO/SB/18 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	717816.3
	First Named Inventor	SRINIVASAN, Ananthachari
	<b>COMPLETE IF KNOWN</b>	
	Application Number	Not Yet Known
	Filing Date	Herewith
	Group Art Unit	Not Yet Known
	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LABELED NEUROTENSIN DERIVATIVES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YY)

06/22/00

as United States Application Number or PCT International (if applicable).

Application Number

PCT/US00/17509

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/140,913	06/24/1999	
60/213,068	06/21/2000	

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

Customer Number  
or Bar Code Label

27128

OR ☒

Correspondence address below

Name **Kevin M. Kercher**Address **Blackwell Sanders Peper Martin LLP**Address **720 Olive Street, Suite 2400**City **St. Louis**State **Missouri**ZIP **63101**Country **US**Telephone **314-345-6000**Fax **314-345-6060**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) **Ananthachari**

Family Name

Or Surname **Srinivasan**Inventor's  
Signature

Date

Residence City: **St. Charles**State **MO**Country **US**Citizenship **US**

Mailing Address

Mailing Address **332 Woodmere Drive**City **St. Charles**State **MO**ZIP **63303**Country **US**

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) **Jack L.**

Family Name

Or Surname **Erion**Inventor's  
Signature

Date

Residence City: **St. Charles**State **MO**Country **US**Citizenship **US**Mailing Address **379 Woodmere Nook Court**

Mailing Address

City **St. Charles**State **MO**ZIP **63303**Country **US**

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/04 (10-00)

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## DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

### ADDITIONAL INVENTOR(S) SUPPLEMENTAL SHEET

**Attorney Docket Number:** 717816.3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
Michelle A.

**Family Name  
Or Surname** Schmidt

**Inventor's  
Signature**

**Date**

**Residence City:** Belleville

**State** IL

**Country** US

**Citizenship** US

**Mailing Address** 417 Hickory Manor

**Mailing Address**

**City** Belleville

**State** IL

**ZIP** 62223

**Country** US

**NAME OF FOURTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name  
(first and middle [if any])**

**Family Name  
Or Surname**

**Inventor's  
Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

☐ Additional inventors are being named on the \_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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